

CASE REPORTS

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Management of Sleep Disorders in the Depressed Patient

What we tend to do with our severely depressed patients is either give them an antidepressant late in the day or give them a single dose of chlorpromazine (Thorazine®) or thioridazine (Mellaril®), 50 or even 100 mg if that turns out to be necessary, at bedtime. A point of fact—the tricyclics do a very good job of improving sleep and they do it fairly rapidly; it is one of their earliest benefits, long before the mood begins to improve, if it does. You might consider, if you are going to put your patient on amitriptyline (Elavil®), for example, that you give most of the dose around bedtime. The other thing is to tell him that his sleep will improve shortly. People can stand a lot of discomfort if they have some reason to think things will get better.

—MERLIN H. JOHNSON, MD, Seattle
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